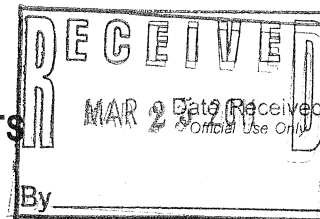


STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Trounson		Alan	Osborne

1. Office, Agency, or Court

Agency Name

California Institute for Regenerative Medicine,

President

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

CITY

STATE

ZIP CODE

210 King Street

San Francisco

CA

94107

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(415) 396-9105

atrrounson@cirm.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-24-2011
(month, day, year)

Signature _____

(Official)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Alan O. Trounson

► NAME OF BUSINESS ENTITY
Sydney IVF Pty/Ltd (Australia)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Infertility Clinical Services

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Maccine Pte/Ltd (Singapore)

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Biopharma Testing Services

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Santos Pty/Ltd

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mining

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Apollo Life Sciences

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Protein Production

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Commonwealth Bank of Australia

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Bank

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Telstra Australia

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Telecommunications

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____
(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ____/____/10
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Alan O. Trounson

▶ NAME OF BUSINESS ENTITY
HSBC Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investments

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
IOOF

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
MCL Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
Zirich Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
Tower Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
Brambles Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Transport

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

Comments:

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Alan O. Trounson

▶ NAME OF BUSINESS ENTITY
Bankers Trust Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
Asteron Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
Australian Unity

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
Challenger Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY
Colonial Pty

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/10 ACQUIRED ____/____/10 DISPOSED

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Alan O. Trounson

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE <u>Sangamo BioSciences</u>	
ADDRESS (Business Address Acceptable) <u>501 Canal Blvd.</u>	
CITY AND STATE <u>Richmond, CA</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Biopharmaceutical company</u>	
DATE(S): <u>02 / 04 / 10</u> - ____ / ____ / ____ AMT: \$ <u>\$15.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Sandwich/Business Meeting</u>	

▶ NAME OF SOURCE <u>Scripps Research Institute</u>	
ADDRESS (Business Address Acceptable) <u>10550 North Torrey Pines Road</u>	
CITY AND STATE <u>La Jolla, CA 92037</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
<u>Basic biomedical science research organization</u>	
DATE(S): <u>03 / 17 / 10</u> - ____ / ____ / ____ AMT: \$ <u>\$374.46</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Present Gittes Memorial Lecture: Ground transp., hotel and meals.</u>	

▶ NAME OF SOURCE <u>Cambridge Healthtech Institute</u>	
ADDRESS (Business Address Acceptable) <u>250 First Avenue, Suite 300</u>	
CITY AND STATE <u>Needham MA 02494</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Conference Facilitators</u>	
DATE(S): <u>02 / 03 / 10</u> - ____ / ____ / ____ AMT: \$ <u>\$75</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Speakers Dinner. Speak at Molecular Tri Conference in San Francisco.</u>	

▶ NAME OF SOURCE <u>ATSE Clunies Ross Foundation</u>	
ADDRESS (Business Address Acceptable) <u>GPO Box 4055</u>	
CITY AND STATE <u>Melbourne Vic 3001</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
<u>Scientific Research Foundation</u>	
DATE(S): <u>05 / 19 / 10</u> - <u>05 / 20 / 10</u> AMT: \$ <u>\$8,423.40</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>Present keynote speech on 5/19; speak at Extreme Science Experience on 5/20. Airfare, hotel and meals during conference</u>	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Alan O. Trounson

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE Valley Care	
ADDRESS (Business Address Acceptable) 5725 W. Las Positas Blvd.	
CITY AND STATE Pleasanton, CA 94588	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Health care provider	
DATE(S): 04 / 24 / 10 - ____ / ____ / ____ AMT: \$ 560.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Gave lecture. Hotel on 4/23 and meals provided to conference participants on 4/24.	

▶ NAME OF SOURCE Max Planck Institute	
ADDRESS (Business Address Acceptable) Hofgartenstr. 8	
CITY AND STATE 80539 Munich Germany	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Scientific research organization.	
DATE(S): 05 / 09 / 10 - 05 / 11 / 10 AMT: \$ 9,275.71 (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Participate in scientific review of institute research program: Airfare, hotel, ground transportation and meals.	

▶ NAME OF SOURCE Royal Society of Medicine	
ADDRESS (Business Address Acceptable) 1 Wimpole Street	
CITY AND STATE London W1G 0AE, UK	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Providers of continuing medical education	
DATE(S): 06 / 25 / 10 - ____ / ____ / ____ AMT: \$ 219.13 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Gave talk. Hotel and meal during meeting.	

▶ NAME OF SOURCE European Society of Human Reproduction & Embryology	
ADDRESS (Business Address Acceptable) Meerstraat 60	
CITY AND STATE B-1852 Grimbergen (Beigem) Belgium	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Medical research and education organization.	
DATE(S): 06 / 27 / 10 - 06 / 30 / 10 AMT: \$ 4,102.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Gave lecture at and participated in ESHRE Annual Meeting in Rome: Air, ground, hotel and meals during conference.	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Alan O. Trounson

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE University of Southern California	
ADDRESS (Business Address Acceptable) Health Sciences Campus	
CITY AND STATE Los Angeles, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Research University.	
DATE(S): 09 / 22 / 10 - ____ / ____ / ____ AMT: \$ 150.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Gave lecture. Speakers' dinner and meals at symposium.	

▶ NAME OF SOURCE University of Southern California	
ADDRESS (Business Address Acceptable) 1425 North San Pablo Street	
CITY AND STATE Los Angeles, CA	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Research University	
DATE(S): 10 / 26 / 10 - ____ / ____ / ____ AMT: \$ 50.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Speak at grand opening of stem cell building and attend luncheon.	

▶ NAME OF SOURCE Canadian Fertility & Andrology Society	
ADDRESS (Business Address Acceptable) 1255 University	
CITY AND STATE Montreal Quebec H3B 3W7	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
Scientific research organization.	
DATE(S): 10 / 01 / 10 - 10 / 03 / 10 AMT: \$ 1,176.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Gave lecture. Travel, lodging and meals during conference.	

▶ NAME OF SOURCE 5 AM Ventures	
ADDRESS (Business Address Acceptable) 2200 Sand Hill Road	
CITY AND STATE Menlo Park, CA 94025	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Life Sciences venture capital firm.	
DATE(S): 11 / 25 / 10 - 11 / 26 / 10 AMT: \$ 225.00 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Gave lecture. Meals during conference. Ground transp. to CIRM meeting and back to conference.	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Alan O. Trounson

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

► NAME OF SOURCE
Sanford Consortium for Regenerative Medicine
ADDRESS (Business Address Acceptable)
PO Box 6930
CITY AND STATE
San Diego, CA 92166-6930
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Scientific and medical research organization.
DATE(S): 12 / 07 / 10 - ____/____/____ AMT: \$ \$358.57
(If applicable)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Moderate panel at stem cell conference:
hotel and meals during conference.

► NAME OF SOURCE
Burnham Institute
ADDRESS (Business Address Acceptable)
10901 North Torrey Pines Road
CITY AND STATE
La Jolla, CA 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Scientific research Institute.
DATE(S): 09 / 27 / 10 - ____/____/____ AMT: \$ 15.00
(If applicable)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Lunch meeting.

► NAME OF SOURCE
Stanford University
ADDRESS (Business Address Acceptable)
Lokey Stem Cell Research Building
CITY AND STATE
Palo Alto, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Research and education institution.
DATE(S): 10 / 26 / 19 - ____/____/____ AMT: \$ \$150.00.
(If applicable)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
DESCRIPTION: Attend building dedication dinner.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____
(If applicable)
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION: _____

Comments: _____